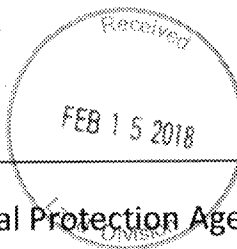


115-1643



KMH 5/15/18

OMB# 2050-0024; Expires 05/31/2020

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal (Select only one.)

<input type="checkbox"/>	Obtaining or updating an EPA ID number for an on-going regulated activity that will continue for a period of time. (Includes HSM activity)
<input checked="" type="checkbox"/>	Submitting as a component of the Hazardous Waste Report for <u>2017</u> (Reporting Year)
<input checked="" type="checkbox"/>	Site was a TSD facility and/or generator of > 1,000 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the reporting year (or State equivalent LQG regulations)
<input type="checkbox"/>	Notifying that regulated activity is no longer occurring at this Site
<input type="checkbox"/>	Obtaining or updating an EPA ID number for conducting Electronic Manifest Broker activities
<input type="checkbox"/>	Submitting a new or revised Part A Form

2. Site EPA ID Number

A	L	D	9	8	1	4	7	2	7	9	8
---	---	---	---	---	---	---	---	---	---	---	---

3. Site Name

Benjamin Moore & Company

4. Site Location Address

Street Address 109 Bamberg Drive		
City, Town, or Village Pell City	County St. Clair	
State AL	Country USA	Zip Code 35125

5. Site Mailing Address

☒ Same as Location Address

Street Address		
City, Town, or Village		
State	Country	Zip Code

6. Site Land Type

<input checked="" type="checkbox"/> Private	<input type="checkbox"/> County	<input type="checkbox"/> District	<input type="checkbox"/> Federal	<input type="checkbox"/> Tribal	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other
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7. North American Industry Classification System (NAICS) Code(s) for the Site (at least 5-digit codes)

A. (Primary) 325510	C.
B.	D.

8. Site Contact Information

☐ Same as Location Address

First Name	Max	MI	C	Last Name	Breckenridge
Title	EHS Manager				
Street Address	109 Bamberg Drive				
City, Town, or Village	Pell City				
State	AL	Country	USA	Zip Code	35125
Email	Max.breckenridge@benjaminmoore.com				
Phone	205-338-4440	Ext	7229	Fax	205-884-0378

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner

☐ Same as Location Address

Full Name	Benjamin Moore & Company		Date Became Owner (mm/dd/yyyy)	7/10/1986
Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address	101 Paragon Drive			
City, Town, or Village	Montvale			
State	NJ	Country	USA	Zip Code 07645
Email				
Phone	201-573-9600	Ext		Fax
Comments				

B. Name of Site's Legal Operator

☐ Same as Location Address

Full Name	Benjamin Moore & Company		Date Became Operator (mm/dd/yyyy)	7/10/1986
Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
Street Address	101 Paragon Drive			
City, Town, or Village	Montvale			
State	NJ	Country	USA	Zip Code 07645
Email				
Phone	201-573-9600	Ext		Fax
Comments				

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1. Generator of Hazardous Waste—If "Yes", mark only one of the following—a, b, c	
<input checked="" type="checkbox"/>	a. LQG	-Generates, in any calendar month (includes quantities imported by importer site) 1,000 kg/mo (2,200 lb/mo) or more of non-acute hazardous waste; or - Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lb/mo) of acute hazardous waste; or - Generates, in any calendar month or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.
<input type="checkbox"/>	b. SQG	100 to 1,000 kg/mo (220-2,200 lb/mo) of non-acute hazardous waste and no more than 1 kg (2.2 lb) of acute hazardous waste and no more than 100 kg (220 lb) of any acute hazardous spill cleanup material.
<input type="checkbox"/>	c. VSQG	Less than or equal to 100 kg/mo (220 lb/mo) of non-acute hazardous waste.
If "Yes" above, indicate other generator activities in 2 and 3, as applicable.		
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Short-Term Generator (generates from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Mixed Waste (hazardous and radioactive) Generator	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Treater, Storer or Disposer of Hazardous Waste—Note: A hazardous waste Part B permit is required for these activities.	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Receives Hazardous Waste from Off-site	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	6. Recycler of Hazardous Waste	
<input type="checkbox"/>	a. Recycler who stores prior to recycling	
<input type="checkbox"/>	b. Recycler who does not store prior to recycling	
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	7. Exempt Boiler and/or Industrial Furnace—If "Yes", mark all that apply.	
<input type="checkbox"/>	a. Small Quantity On-site Burner Exemption	
<input type="checkbox"/>	b. Smelting, Melting, and Refining Furnace Exemption	

B. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g. D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D005	D006	D007	D008	D011	D035
F003	F005					

C. Waste Codes for State Regulated (non-Federal) Hazardous Wastes. Please list the waste codes of the State hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

11. Additional Regulated Waste Activities (NOTE: Refer to your State regulations to determine if a separate permit is required.)**A. Other Waste Activities**

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Transporter of Hazardous Waste—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Underground Injection Control
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. United States Importer of Hazardous Waste
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Recognized Trader—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	5. Importer/Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR 266 Subpart G—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Importer
<input type="checkbox"/>	b. Exporter

B. Universal Waste Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) - If "Yes" mark all that apply. Note: Refer to your State regulations to determine what is regulated.
<input type="checkbox"/>	a. Batteries
<input type="checkbox"/>	b. Pesticides
<input type="checkbox"/>	c. Mercury containing equipment
<input type="checkbox"/>	d. Lamps
<input type="checkbox"/>	e. Other (specify) _____
<input type="checkbox"/>	f. Other (specify) _____
<input type="checkbox"/>	g. Other (specify) _____
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1. Used Oil Transporter—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Transporter
<input type="checkbox"/>	b. Transfer Facility (at your site)
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	2. Used Oil Processor and/or Re-refiner—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Processor
<input type="checkbox"/>	b. Re-refiner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	3. Off-Specification Used Oil Burner
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	4. Used Oil Fuel Marketer—If "Yes", mark all that apply.
<input type="checkbox"/>	a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
<input type="checkbox"/>	b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR 262 Subpart K.

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Opting into or currently operating under 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories—If “Yes”, mark all that apply. Note: See the item-by-item instructions for definitions of types of eligible academic entities.
<input type="checkbox"/>	1. College or University
<input type="checkbox"/>	2. Teaching Hospital that is owned by or has a formal written affiliation with a college or university
<input type="checkbox"/>	3. Non-profit Institute that is owned by or has a formal written affiliation with a college or univer-
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Withdrawing from 40 CFR 262 Subpart K for the management of hazardous wastes in laboratories.

13. Episodic Generation

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves you to a higher generator category. If “Yes”, you must fill out the Addendum for Episodic Generator.
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14. LQG Consolidation of VSQG Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you an LQG notifying of consolidating VSQG Hazardous Waste Under the Control of the Same Person pursuant to 40 CFR 262.17(f)? If “Yes”, you must fill out the Addendum for LQG Consolidation of VSQGs hazardous waste.
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15. Notification of LQG Site Closure for a Central Accumulation Area (CAA) (optional) OR Entire Facility (required)

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	LQG Site Closure of a Central Accumulation Area (CAA) or Entire Facility.
A. <input type="checkbox"/> Central Accumulation Area (CAA) <input type="checkbox"/> Entire Facility	
B. Expected closure date: _____ mm/dd/yyyy	
C. Requesting new closure date: _____ mm/dd/yyyy	
D. Date closed : _____ mm/dd/yyyy	
<input type="checkbox"/> 1. In compliance with the closure performance standards 40 CFR 262.17(a)(8)	
<input type="checkbox"/> 2. Not in compliance with the closure performance standards 40 CFR 262.17(a)(8)	

16. Notification of Hazardous Secondary Material (HSM) Activity

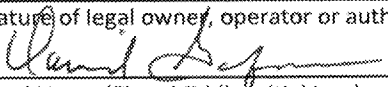
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	A. Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27)? If “Yes”, you must fill out the Addendum to the Site Identification Form for Managing Hazardous Secondary Material.
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	B. Are you notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate? If “Yes”, you may provide explanation in Comments section. You must also document that your recycling is still legitimate and maintain that documentation on site.

17. Electronic Manifest Broker

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Are you notifying as a person, as defined in 40 CFR 260.10, electing to use the EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator?
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18. Comments (include item number for each comment)

19. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. **Note: For the RCRA Hazardous Waste Part A permit Application, all owners and operators must sign (see 40 CFR 270.10(b) and 270.11).**

Signature of legal owner, operator or authorized representative 	Date (mm/dd/yyyy) 2/12/2018
Printed Name (First, Middle Initial Last) David Gafnea	Title Director of Manufacturing
Email David.gafnea@benjaminmoore.com	
Signature of legal owner, operator or authorized representative	Date (mm/dd/yyyy)
Printed Name (First, Middle Initial Last)	Title
Email	

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Rapid Dry Gloss Coating-Off Specification Products</u>			
B. EPA Hazardous Waste Code(s) <u>D001</u>			
C. State Hazardous Waste Code(s)			
D. Source Code <u>G11</u>		Management Method Code (Source Code G25 only)	
E. Form Code <u>W209</u>		F. Waste Minimization Code <u>X</u>	
G. Quantity <u>1448</u>	UOM <u>1</u>	Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>ARD069748192</u>	<u>H040</u>	<u>1448</u>	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Lacquer - Off Specification Products</u>						
B. EPA Hazardous Waste Code(s)	D001	D005	D006	D007	D008	D011
	D035					
C. State Hazardous Waste Code(s)						
D. Source Code <u>G06</u>			Management Method Code (Source Code G25 only)			
E. Form Code <u>W209</u>			F. Waste Minimization Code <u>X</u>			
G. Quantity <u>16694</u>	UOM	Density			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>KYD053348108</u>	<u>H061</u>	<u>16694</u>	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description		Nuosept 101 Preservative-Obsolete Raw Material				
B. EPA Hazardous Waste Code(s)	D001					
C. State Hazardous Waste Code(s)						
D. Source Code	G11		Management Method Code (Source Code G25 only)			
E. Form Code	W219		F. Waste Minimization Code X			
G. Quantity	3658	UOM	1	Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TXD055141378	H040	3658	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description		Retrol 1074 - Obsolete Raw Material					
B. EPA Hazardous Waste Code(s)		D001					
C. State Hazardous Waste Code(s)							
D. Source Code		G11		Management Method Code (Source Code G25 only)			
E. Form Code		W606		F. Waste Minimization Code			
G. Quantity		1221		UOM		1	
Density						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
KYD053348108	H061	1221	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description				Alkyd/Oil Based Paints From Tank & Line Cleanouts			
B. EPA Hazardous Waste Code(s)		D001					
C. State Hazardous Waste Code(s)							
D. Source Code		G11		Management Method Code (Source Code G25 only)			
E. Form Code		W209		F. Waste Minimization Code			
G. Quantity		66440		UOM		1	
				Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
KYD053348108	H061	58960	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TXD055141378	H040	7480	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Alkyd/Oil Based Paints - off specification Products</u>			
B. EPA Hazardous Waste Code(s)		<u>D001</u>	
C. State Hazardous Waste Code(s)			
D. Source Code <u>G11</u>		Management Method Code (Source Code G25 only)	
E. Form Code <u>W209</u>		F. Waste Minimization Code <u>X</u>	
G. Quantity <u>7851</u>	UOM <u>1</u>	Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>KYD053348108</u>	<u>H061</u>	<u>7851</u>	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description				Paint Filter Bags From Mineral Spirits Based Paint Screening			
B. EPA Hazardous Waste Code(s)		D001					
C. State Hazardous Waste Code(s)							
D. Source Code		G16		Management Method Code (Source Code G25 only)			
E. Form Code		W409		F. Waste Minimization Code X			
G. Quantity		20020		UOM		1	
Density						<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
TXD055141378	H040	20020	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Low Flash Liquids From Tank & Line Cleanouts</u>							
B. EPA Hazardous Waste Code(s)		<u>D001</u>	<u>F003</u>				
C. State Hazardous Waste Code(s)							
D. Source Code <u>G01</u>		Management Method Code (Source Code G25 only)					
E. Form Code <u>W203</u>		F. Waste Minimization Code <u>X</u>					
G. Quantity <u>2772</u>		UOM <u>1</u>	Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg		

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
<u>KYD053348108</u>		<u>H061</u>	<u>924</u>
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
<u>TXD055141378</u>		<u>H040</u>	<u>1848</u>
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Paint SKINS From Oil Based Paints (Flammable)</u>						
B. EPA Hazardous Waste Code(s)		<u>D001</u>				
C. State Hazardous Waste Code(s)						
D. Source Code <u>G07</u>			Management Method Code (Source Code G25 only)			
E. Form Code <u>W409</u>			F. Waste Minimization Code <u>X</u>			
G. Quantity <u>34650</u>		UOM <u>1</u>	Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
<u>KYD053348108</u>		<u>H061</u>	<u>20295</u>
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
<u>TXD055141378</u>		<u>H040</u>	<u>14355</u>
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description Alkyd Clean-Up Materials Solvent Based Paints						
B. EPA Hazardous Waste Code(s)		D001	D035	F005		
C. State Hazardous Waste Code(s)						
D. Source Code G32			Management Method Code (Source Code G25 only)			
E. Form Code W209			F. Waste Minimization Code X			
G. Quantity 3465		UOM 1	Density		<input type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
TXD055141378		H040	3465
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description				Corotech V155-90 - off Specification Products			
B. EPA Hazardous Waste Code(s)		D001					
C. State Hazardous Waste Code(s)							
D. Source Code		G11		Management Method Code (Source Code G25 only)			
E. Form Code		W219		F. Waste Minimization Code X			
G. Quantity		1221		UOM		1	
				Density		<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
TXD055141378		H040	1221
Site 2			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped
Site 3			
B. EPA ID of facility to which waste was shipped		C. Management Method Code	D. Total Quantity Shipped

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Alkyd/Oil Based Paints From Tank & Line Cleanout</u>			
B. EPA Hazardous Waste Code(s)		<u>D001</u>	
C. State Hazardous Waste Code(s)			
D. Source Code <u>G07</u>		Management Method Code (Source Code G25 only)	
E. Form Code <u>W203</u>		F. Waste Minimization Code <u>X</u>	
G. Quantity <u>599790</u>	UOM <u>1</u>	Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>KYD053348108</u>	<u>H061</u>	<u>599790</u>	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT 2017 (reporting cycle)
WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description <u>Solvent Wash Sludge From Tank & Line Cleaning</u>			
B. EPA Hazardous Waste Code(s) <u>D001</u>			
C. State Hazardous Waste Code(s)			
D. Source Code <u>G107</u>		Management Method Code (Source Code G25 only)	
E. Form Code <u>W409</u>		F. Waste Minimization Code <u>X</u>	
G. Quantity <u>87450</u>	UOM <u>1</u>	Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1	Management Method Code	Quantity
Process System 2	Management Method Code	Quantity

3. Off-site Shipment of Hazardous Waste

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for treatment, disposal, or recycling? If yes, continue to Site 1.		
Site 1			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>KYD053348108</u>	<u>H061</u>	<u>63800</u>	
Site 2			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	
<u>TXD055141378</u>	<u>H040</u>	<u>23650</u>	
Site 3			
B. EPA ID of facility to which waste was shipped	C. Management Method Code	D. Total Quantity Shipped	

4. Comments

United States Environmental Protection Agency

HAZARDOUS WASTE REPORT

OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			TXD055141378		
B. Name of Off-site Installation or Transporter			Clean Harbors Environmental Services		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			2027 Independence Parkway South		
City, Town, or Village			La Porte		
State	TX	Zip Code	77571	Country	USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			ARD069748192		
B. Name of Off-site Installation or Transporter			Clean Harbors Environmental Services		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			309 American Circle		
City, Town, or Village			El Dorado		
State	AR	Zip Code	71730	Country	USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			KYD053348108		
B. Name of Off-site Installation or Transporter			Clean Harbors Environmental Services		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			3700 La Grange Road		
City, Town, or Village			Smithfield		
State	KY	Zip Code	40068	Country	USA

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			MAD039322250		
B. Name of Off-site Installation or Transporter			Clean Harbors Environmental Services		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			42 Longwater Drive		
City, Town, or Village			Norwell		
State	MA	Zip Code	02061	Country	USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			IND984868406		
B. Name of Off-site Installation or Transporter			Neier Transportation		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			8069 Maine Street		
City, Town, or Village			Coatesville		
State	IN	Zip Code	46121	Country	USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			OKR000031492		
B. Name of Off-site Installation or Transporter			Basin Transportation		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			1971 North George Nigh Expressway		
City, Town, or Village			McAlester		
State	OK	Zip Code	74501	Country	USA

4. Comments

United States Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM



1. Site 1

A. EPA ID Number of Off-site Installation or Transporter			ALD067138891		
B. Name of Off-site Installation or Transporter			Robbie D. Wood Inc.		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			1051 Old Warrior River Road		
City, Town, or Village			Dolomite		
State	AL	Zip Code	35061	Country	USA

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			ALR000007237		
B. Name of Off-site Installation or Transporter			Action Resources INC.		
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address			40 County Road 517		
City, Town, or Village			Hanceville		
State	AL	Zip Code	35077	Country	USA

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter					
B. Name of Off-site Installation or Transporter					
C. Handler Type (mark all that apply)			<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation					
Street Address					
City, Town, or Village					
State		Zip Code		Country	

4. Comments



February 12, 2018

Alabama Department of Environmental Management
Land Division
P.O. Box 301463
Montgomery, AL 36130-1463



Reference: Biennial Waste Report (ALD981472798)

To Whom It May Concern,

Find enclosed the completed 2017 Biennial Waste Report for Benjamin Moore & Co. (ALD981472798) located at 109 Bamberg Drive in Pell City, Alabama. This report includes the signed Site Identification Form as well as Forms GM and OI.

If you have questions or need further detail please contact me at 205-338-4440 x7229.

Sincerely,

A handwritten signature in cursive script that reads "Max Breckenridge".

Max Breckenridge
EHS Manager
Benjamin Moore & Co.
109 Bamberg Drive
Pell City, AL 35125